



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E346379**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-1822
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	07 - 31 - 2014	TIME (2400)	1538	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
91ST NE	BLOCK NO.	600	MILE POST	

DISTANCE	35	00	MILES		FEET		N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SR 204
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253660335
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LAST NAME	REMIGIO-SALMERON	FIRST NAME	ISIDRO	MIDDLE INITIAL	
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	7402 20TH ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	REMIGI*114JD	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	04	-	04	-	1989
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	HEAD, NECK AND SHOULDER
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LICENSE PLATE #	C03015B	STATE	WA	VIN#	1FTCR10A9VPA80480
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1997	MAKE	FORD	MODEL	R10PU	STYLE	PK	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ISIDRO REMIGIO SALMERON 7402 20TH ST SE LAKE STEVENS WA 98258



LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALL STATE 964 460 871
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2069929799
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LAST NAME	SOLTERO	FIRST NAME	BARBARA	MIDDLE INITIAL	E
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STREET NEW ADDRESS <input type="checkbox"/>	11932 117TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258367
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	SOLTEBE433BK	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	-	12	-	1957
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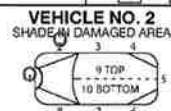
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK AND ANKLE
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LICENSE PLATE #	ALD5904	STATE	WA	VIN#	2FMHK6DT3DBD20790
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	FORD	MODEL	FLEX	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. BARBARA SOLTERO 11932 117TH AVE NE LAKE STEVENS WA 98258367 D: 2069929799



LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN NATIONAL 46 A 77761L 9
VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE

OFFICER'S NAME (PRINT)	C. WELLS #131	BADGE OR ID #	131	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E346379**

CASE # **14-1822**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		PARDEE LAURA A																	
ADDRESS & PHONE #		9415 62ND AVE NW MARYSVILLE WA 98271 4253467274																	
SEX		F		D.O.B. MMDDYYYY		08		-		15		-		1988					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		EXUM ELENA K																	
ADDRESS & PHONE #		11004 138TH ST NE ARLINGTON WA 982238894 4259239046																	
SEX		F		D.O.B. MMDDYYYY		01		-		06		-		1989					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit #1 was turning left through a line of stopped southbound vehicles, coming out of the 711 parking lot located at 605 91st Ave NE when he struck Unit #2 traveling northbound in the left turn lane of 91st Ave, approaching the intersection of SR 204 and 91st Ave NE. Unit #1 failed to yield right of way to Unit #2.

Witnesses of the collision provided statements to the sequence of events.

Driver of Unit #1, Isidro Remigo-Saleron, complained of head, neck and shoulder injuries. He stated the air bag stuck him in the head. He was transported by Aid to the hospital. Driver of Unit #2, Barbara Soltero, was seen by Aid for neck and ankle pain but declined transport.

Both vehicles towed from scene due to damage.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

07-31-14 05:54 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

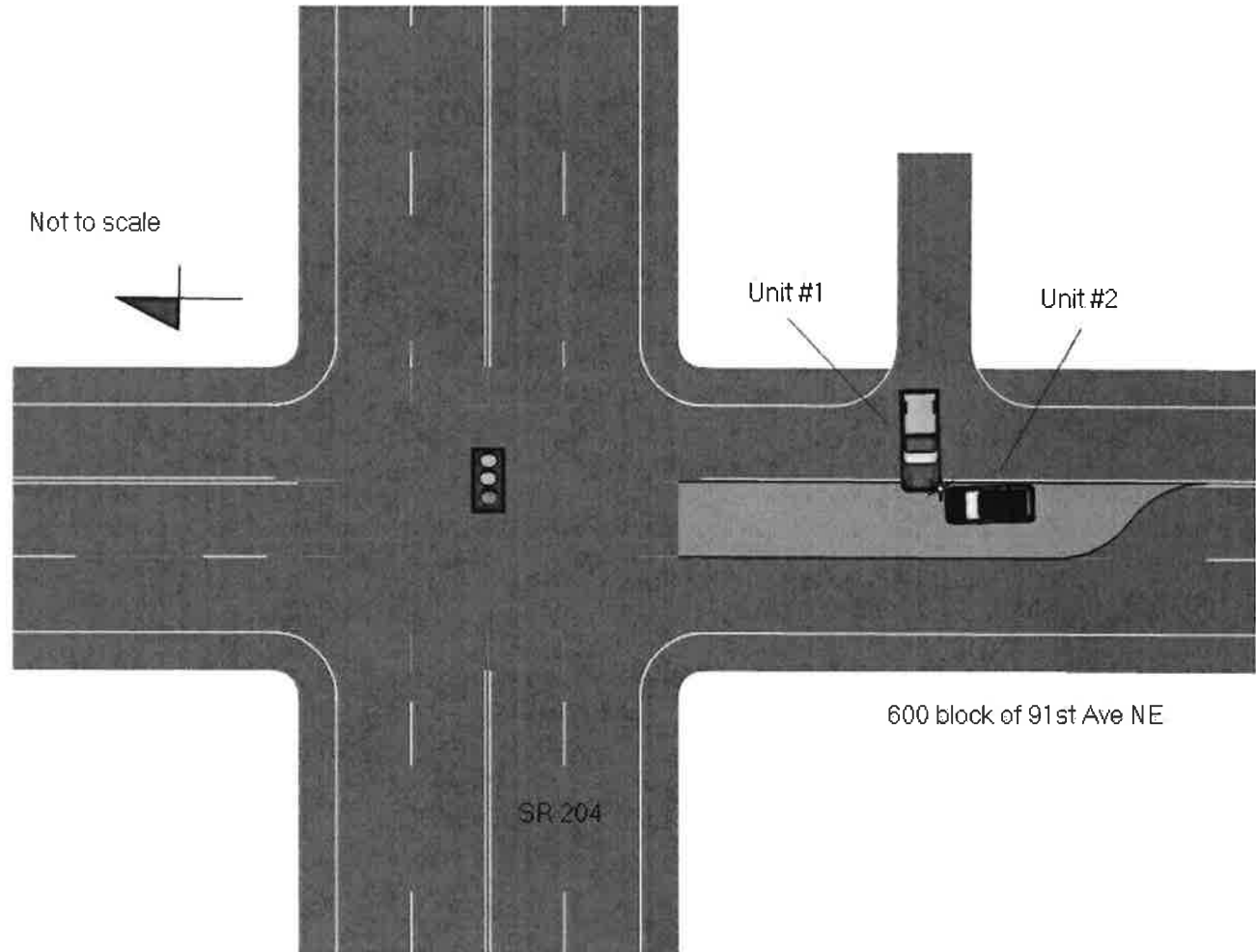
APPROVED BY

DATE

BOB SUMMERS 079

8/4/2014 11:33:24 AM

BADGE OR ID #	131	ORI #	WA0311900	TIME POLICE DISPATCHED	3:38 PM	TIME POLICE ARRIVED	3:39 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-1822


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Exum, Elena Kylee	RACE W	ETH	SEX F	DOB 1/6/89	AGE 25	HGT 6'	WGT 170	HAIR Brn	EYES Blu
STREET ADDRESS 11004 138th St NE		CITY Arlington			STATE WA		ZIP 98223		RES. STATUS	
HOME PHONE -		CELL PHONE 425 923 9046			PLACE OF EMPLOYMENT Goldman Sachs & Co					
WORK PHONE -		EMAIL ADDRESS elena.exum@gmail.com								

I, Elena Exum, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was the passenger in a car traveling south on 91st Ave NE. The black Ford Flex was traveling north in the turn lane toward the intersection of 91st & 204th. The red Ford Ranger pulled out of the 7-11 parking lot through a line of stopped traffic, & struck the Ford Flex while attempting to cross the lane.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7/31/2014	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: C. WELLS / #131	DATE SIGNED 7/31/14	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-1822

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) Pardee, Laura Ann	RACE W	ETH	SEX F	DOB 8/15/85	AGE 28	HGT 5'4"	WGT 140	HAIR BRN	EYES BLU
STREET ADDRESS 9122 Tulalip Shores Rd		CITY Marysville		STATE WA		ZIP 98271		RES. STATUS		
HOME PHONE		CELL PHONE 425-366-7274		PLACE OF EMPLOYMENT PEI						
WORK PHONE		EMAIL ADDRESS laurapardee@hotmail.com								

I, Laura Pardee, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling in the right lane of 91st Ave NE. Red truck pulled out of 7-11 through traffic. While black Ford Flex was traveling in turn lane. Red truck struck black Ford while in turn lane. Lots of traffic so trucks sight of Ford in turn lane limited.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 4/30/14	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: C-Wacis / 1431	DATE SIGNED 4/30/14	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**

AGENCY: **LAKE STEVENS PD**

COLLISION: **07/31/14 03:38 PM**

DISPATCH: **07/31/14 03:38 PM**

CASE#: **14-1822**

LOCATION: **91ST NE BN:600**

ARRIVAL: **07/31/14 03:39 PM**

NARRATIVE/ NOTES:

UNIT 1:	MOTOR VEHICLE -	1997 FORD R10PU PLATE: C03015B (WA)	TOWED BY:
DRIVER: ISIDRO R SALMERON		VEH OWNER: ISIDRO REMIGIO SALMERON	
ADDRESS: 7402 20TH ST SE LAKE STEVENS, WA 98258		ADDRESS: 7402 20TH ST SE LAKE STEVENS, WA 98258	
DL #: REMIGI*114JD		STATE: WA	
PHONE: (425) 366-0335		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: ALL STATE		INSURED BY:	
POLICY #: 964 460 871		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	2013 FORD FLEX PLATE: ALD5904 (WA)	TOWED BY:
DRIVER: BARBARA E SOLTERO		VEH OWNER: DOUGLAS TEBELMAN	
ADDRESS: 11932 117TH AVE NE LAKE STEVENS, WA 982588367		ADDRESS: 11932 117TH AVE NE LAKE STEVENS, WA 98258	
DL #: SOLTEBE433BK		STATE: WA	
PHONE: (206) 992-9799		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: AMERICAN NATIONAL		INSURED BY:	
POLICY #: 46 A 77761L 9		POLICY #:	
UNIT 3:	WITNESS	TOWED BY:	
NAME: LAURA A PARDEE		VEH OWNER:	
ADDRESS: 9415 62ND AVE NW MARYSVILLE, WA 98271		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 4:	WITNESS	TOWED BY:	
NAME: ELENA K EXUM		VEH OWNER:	
ADDRESS: 11004 138TH ST NE ARLINGTON, WA 982238894		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	

LSPD
ORIGINAL

EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**

AGENCY: **LAKE STEVENS PD**

COLLISION: **07/31/14 03:38 PM**

DISPATCH: **07/31/14 03:38 PM**

CASE#: **14-1822**

LOCATION: **91ST NE BN:600**

ARRIVAL: **07/31/14 03:39 PM**

NARRATIVE/ NOTES:

UNIT 1:	MOTOR VEHICLE -	1997 FORD R10PU PLATE: C03015B (WA)	TOWED BY:
DRIVER: ISIDRO R SALMERON		VEH OWNER: ISIDRO REMIGIO SALMERON	
ADDRESS: 7402 20TH ST SE LAKE STEVENS, WA 98258		ADDRESS: 7402 20TH ST SE LAKE STEVENS, WA 98258	
DL #: REMIGI*114JD		STATE: WA	
PHONE: (425) 366-0335		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: ALL STATE		INSURED BY:	
POLICY #: 964 460 871		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	2013 FORD FLEX PLATE: ALD5904 (WA)	TOWED BY:
DRIVER: BARBARA E SOLTERO		VEH OWNER: DOUGLAS TEBELMAN	
ADDRESS: 11932 117TH AVE NE LAKE STEVENS, WA 982588367		ADDRESS: 11932 117TH AVE NE LAKE STEVENS, WA 98258	
DL #: SOLTEBE433BK		STATE: WA	
PHONE: (206) 992-9799		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: AMERICAN NATIONAL		INSURED BY:	
POLICY #: 46 A 77761L 9		POLICY #:	
UNIT 3:	WITNESS	TOWED BY:	
NAME: LAURA A PARDEE		VEH OWNER:	
ADDRESS: 9415 62ND AVE NW MARYSVILLE, WA 98271		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 4:	WITNESS	TOWED BY:	
NAME: ELENA K EXUM		VEH OWNER:	
ADDRESS: 11004 138TH ST NE ARLINGTON, WA 982238894		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	

LSPD
ORIGINAL

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-01822

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

Z F M H K 6 D B D 2 0 P 2 0 7 9 0

LICENSE

ALD 5904

STATE

WA

YEAR

13

MAKE

FORD

MODEL

FLEX

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4 Dr

COLOR

BLK

DRIVER

NAME (LAST, FIRST, MI)

SAMB AS RO

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

SOLTBERO, BARBARA

STREET ADDRESS

11932 117TH AVE NE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

ALASKA USA FEDERAL

STREET ADDRESS

PO BOX 196613

CITY, STATE, ZIP CODE

ANCHORAGE, AK 99519

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 7/31/14 AT 1600 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE TOP NOTCH TOWING
 (24 HOUR) (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 600 91ST AVE NE

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5705-002 DATE 7-31-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		
INVENTORY/EVIDENCE		NARRATIVE OR DIAGRAM	
		(List reason(s) for impound.)	

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOHOMO MISH
COUNTY, WA

BADGE NO.

126

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



TO:	SNO PAC	FAX:	
FROM:	M. HINGTGEN #12C	DATE:	7/31/14
CC:		PAGES:	3
RE:	IMPOUND ENTRY		

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

**** If you have received this fax in error please notify the sender and destroy this document ****

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

REVISÉ 4/2009

LSPD
ORIGINAL

Incident History for: #SS14014940 Xref: #AG14002184

Case Numbers: \$SS14001822

Entered 07/31/14 15:38:02 BY SPCT09 SP0226

Dispatched 07/31/14 15:38:25 BY SPDP17 SP0331

Enroute 07/31/14 15:38:25

Onscene 07/31/14 15:39:45

Closed 07/31/14 16:29:02

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 91 AV NE/SR 204 ,LKS (V)

Loc Info:

Name: Addr: Phone:

/1538 (SP0226) ENTRY ,IFO THE 7-11, 2 VEH UNK INJS
/1538 (SP0331) DISPER 19D2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1538 \$PREMPT 19D2
/1538 \$DISPER 19R1 #SS131 WELLS, OFCR (CHAD)
/1538 PREDSP 19D2 19R1
/1539 ONSCNE 19R1
/1539 ASSTER 19D2 [91 AV NE/SR 204 ,LKS]
#SS126 HINGTGEN, OFFICER (MICHAEL)
/1540 SUPP TXT: AIRBAG DEPLOYMENT
/1540 CROSS #AG14002184
/1540 SUPP TXT: PD ONSC, AIRBAG DEPLOYMENT
/1540 MISC ,BLOCKING
/1541 SUPP TXT: 30'S MALE, CABN, COMPLAINT OF HEAD, NECK &
SHOULDER INJURIES, ALSO 40'S F EM CABN, COMPLAIO
NT OF NECK INJURIES
/1542 MISC 19R1 ,AID ONSC
/1545 ONSCNE 19D2
/1547 (*****) REMINQ 19D2 C03015B
/1547 (SP0331) REMINQ 19D2 LIC, 19D2, C03015B,,
/1547 (*****) REMINQ 19D2 ALD5904
/1547 (SP0331) REMINQ 19D2 LIC, 19D2, ALD5904,,
/1548 ROTREQ 19D2 TOW 5061 LKS SKY VAL SNO
3605636090
/1549 MISC 19D2 ,SKY VALLEY ONLY HAS ONE BUT IS IN BOTHELL, CANN
OT RESPOND
/1550 ROTREQ 19D2 TOW 5705 LKS TOP NOTCH TOWING
3605688877
/1550 ASNCAS 19R1 \$SS14001822
/1551 MISC 19D2 ,TOP NOTCH FOR BOTH ENRT
/1617 MISC 19D2 ,TOW ONSC
/1628 MISC 19R1 ,TOW HAS BOTH VEHS
/1628 CLEAR 19D2
/1629 CLEAR 19R1 D/H
/1629 CLOSE 19R1

SPD
ORIGINAL